GPSC Meeting Summary
November 14 & 15, 2016

General Practice Services Committee

Key Items

1. **Patient Medical Home and Primary Care Home**

Vision and Goals

The GPSC's vision for the future direction of primary care is confirmed: to enable access to quality primary health care that effectively meets the needs of patients and populations in BC, using the BC patient medical home as the foundation for delivery, linked with a broader, integrated system of primary and community care.

The GPSC's goals of the patient medical home and primary care home are to:

- Increase patient access to appropriate, comprehensive, quality primary health care for each community.
- Improve support for patients, particularly vulnerable patients, through enhanced and simplified linkages between providers.
- Contribute to a more effective, efficient and sustainable health care system that will increase capacity and meet future patient needs.
- Retain and attract family doctors and teams working with them in healthy and vibrant work environments.

Initial areas of focus

Transforming the primary care system in BC is a multi-year endeavor. The GPSC is committed to supporting targeted implementation of the work in phases to support its partners, specifically doctors and divisions, in managing the workload. The committee confirmed the initial six areas of focus as:

- Engagement with divisions about patient medical home and primary care home.
- Supporting physicians in assessing their practice and panel.
- Team-based care strategy and supports (including nurse in practice).
- Community profiles (through divisions).
- Family Practice networks (including linkages to health authority services).
- Development of tools and supports for patient-centred care.

Upon further discussion, the GPSC agreed with the launch of seven initial task groups to support the six areas of focus. Those task groups are:

1. Practice Expectations
2. Team-based care
3. Networking
4. Practice support (focusing initially on EMR and quality improvement)
5. PMH incentive strategy
6. Patient Centered Care – approach, engagement and tools
7. Engagement strategy advisory group (family physicians and specialists)

Divisions Appreciative Inquiry summary report

The GPSC received an update on the current work related to the patient medical home/primary care home in each division, and the anticipated resources needed to support the implementation of the patient medical home. Staff undertook an appreciative inquiry,

which is an engagement and dialogue process aimed to identify what is working well, analyze why it is working well, and then do more of it. They collected information from 33 of 35 divisions and summarized the feedback into five common themes:

- Engagement and Communication: divisions stressed the value of transparent and collaborative communication with community leaders *early and often* to build meaningful engagement, co-identification and co-design of strategy and program activities.
- Work is already underway: in many cases divisions report they are well in front of the work and discussions that are currently happening at regional and provincial tables. As a result, it is perceived that the tools that are currently under development may not be advancing the work in some communities.
- Flexibility is important: materials and supports cannot be a "one size fits all" approach, and provincially-created timelines and step-by-step guides may not advance quality work.
- Relationships are key: communities identified the value of locally integrated teams and emphasized the need for improved alignment at all levels (local, regional and provincial) to support more robust, integrated planning and activities.
- Consideration of the rural lens: the rural context is unique and requires careful consideration.

Funding strategy

Previously, GPSC acknowledged that divisions will require funding over and above infrastructure funding in order to have capacity to provide leadership in the patient medical home and primary care home work, and to enable them to fund the support they need. The GPSC confirmed the overall funding allocation at $8.5 million (up to $250,000 per 34 divisions) to resource the divisions' patient medical home/primary care home development and change management work. Divisions can access these funds based on readiness and need. The deadline for full expenditure of the funding allocated is March 31, 2019. Details on funding criteria, out-of-scope items and other information, along with the application templates, will be available in the next two weeks from the Community Partnerships and Integration team (formerly the PDO). Please connect with your GPSC/Community Liaison (formerly your PEL) or Susan Climie for more information.

Direction to transition local divisions' projects aligned with patient medical home/primary care home

The GPSC discussed that some divisions have concerns about the sustainability of some projects after impact funding ends as of March 2017. The GPSC has asked staff to connect further with these divisions to explore the nature of the issues.

Incentive Fee Review

Acknowledging the importance of fee incentives in bringing about practice-level change and the need for the incentives to enable the physicians to achieve the goals of the PMH/PCH work, the GPSC committed to a review of the full fee incentive program. This review will also look at ways to simplify the incentive fees as physicians have requested. The total budget will remain the same. The target date for completion of this review is June 2017. The Incentive

Working Group will seek physician input to inform the review. More information will follow in the coming weeks.

2. **Pathways**

   Having successfully developed Pathways and supported its initial spread and implementation to many additional divisions, the FNW Division wants to move away from this ongoing management responsibility.

   The committee endorsed that movement of Pathways to form and operate as a new, non-profit society. In support of this, the GPSC also approved the formation of a Pathways Transition Management Committee (PTMC) with representatives from the FNW Division, Pathways Executive, GPSC, and Doctors of BC Community Practice, Quality and Integration Department. The role of the PTMC is to provide leadership and guidance as the new non-profit society is established, governance, financial stewardship, and management. The PTMC will develop a three-year business plan that will be presented to the GPSC by June 2017 that identifies the operating model and sources of funding. The GPSC agreed to provide funding support for Pathways for two years (which is the end of the current PMA) to ensure the new non-profit society has financial stability.

3. **BC Physician Integration Program (PIP)**

   The GPSC discussed opportunities to support the PIP, which recently lost its funding source and has ceased to operate. Introduced in 2008, PIP has assisted with the integration of approximately 1,000 practice-eligible, provisionally-licensed international medical graduates to BC's health care system. Based on the recommendation of the JCC co-chairs, and the commitment by the College of Physicians and Surgeons of BC to make PIP mandatory for international graduates, the GPSC agreed to share PIP funding support and co-design partnership, accountability, and governance structure with the other joint clinical committees. The GPSC plans to review this decision annually.

4. **Alcohol screening and intervention developmental work**

   The GPSC endorsed the ministry's development work on practice supports for alcohol screening and brief intervention, which will be piloted in a small number of physician practices.

5. **Feedback from the profession**

   Report from Rural Division Meeting
   Dr George Watson presented an overview on a recent meeting between a number of smaller divisions and members of the Rural and Remote Division. They met to discuss commonalities between their members and divisions, particularly in light of the patient medical home/primary care home work. Much of what happens in a patient medical home/primary care home already is underway in a rural context: for example, the general nature of practice, and networking among colleagues and community services. As always, the attendees expressed concern about a lack of numbers of both physicians and other allied health professionals. Dr Jel Coward noted that physicians from rural areas are keen to participate in

ways that suit the rural perspective and their unique communities; they'd like to be engaged early in ways that fit their desire to create an integrated system of care.

6. **GP networks presentation from Richmond Division of Family Practice**

   Dr Jack Kliman and Denise Ralph from the Richmond Division presented their work on GP networks to the GPSC. The vision of the GP network is to address primary care needs unique to the patients and physicians in a particular community. The division will present on this topic at the upcoming GPSC Summit at the end of November.

7. **Evaluation**

   The GPSC received an update on a proposed evaluation framework to measure impacts and objectives related to implementation of the patient medical home/primary care home. The evaluation team has met with key stakeholders such as representatives from the ministry, health authorities and some divisions, and internal stakeholders such as staff within the Community Practice and Quality team (formerly PSP) and GPSC/Community Liaisons (again, formerly PELs).

   The evaluation team's methodology is to explore access and cost indicators, patient experience, and physician experience. The GPSC agreed with the evaluation team's proposed methodology. Next steps to support creating the evaluation framework are additional consultations with the Divisions Reference Group, the health authority evaluators, and the Primary Health Care Working Group. As well, the evaluation team is exploring three priority areas of work to ensure that the framework is:
   - Equally suitable for rural/remote as urban/suburban.
   - Adequately covers Stream 1 work and the linkages between Stream 1 and 2.
   - Captures outcomes relevant to the work targeting priority populations.

8. **Fall Summit**

   The committee received an update on the planning for the upcoming GPSC Summit on November 28 and 29. The theme of the event is *moving forward together on creating a system of primary and community care in BC.* The two-day event has the largest confirmed number of attendees of any event to date; anyone who received an invitation but has not yet RSVP'd is asked to connect with Michelle Briere at divisions@doctorsofbc.ca.

The GPSC's next meeting is scheduled for December 12 and 13.

We encourage divisions to share this meeting summary, in whole or in part, with member doctors. As always, the GPSC would like to hear from you. If you have any comments or questions, please connect with your GPSC/Community Liaison or through gpsc@doctorsofbc.ca.